

703-353-373
Form 1-64
Mailed
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Washington, D.C.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

80 NO. C-1023277 FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4					
TOTAL DEP.	20	→	→	→	→	→
TOTAL CLAIMS	24	OPEN	OPEN	OPEN	OPEN	OPEN

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.					
TOTAL DEP.		→	→	→	→
TOTAL CLAIMS		OPEN	OPEN	OPEN	OPEN

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